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A Contribution to the  
Study of Syphilis &





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## A CONTRIBUTION TO THE STUDY OF SYPHILIS OF THE NERVOUS SYSTEM.<sup>1</sup>

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A BRIEF history of the following cases is presented as a contribution to the study of syphilis of the nervous system; and, for the sake of brevity, the leading points only will be given, in consecutive order, from the initiation of the disease, without reference to the exact date at which points in diagnosis were made, and without mention of the dates at which the cases came under the care of different practitioners in charge or in consultation.

Seven years previous to her death, A. B. suffered an attack of hysteria, which continued, with some degree of severity, for about three months. She did not fully recover until the lapse of another three months. Patient was of a highly emotional temperament, and the attack of hysteria had been preceded by causes of emotional disturbance. But the attack had also been preceded by an ulcer of the lips, which was refractory to treatment, and was a long time in healing. The record of the case does not show whether or not a diagnosis of the nature of this ulcer was made at the time, but subsequent developments led to the inference that it was probably syphilitic.

Three years subsequent to the appearance of the ulcer, patient was treated for eruptions of the skin, which were diagnosed as syphilitic, and which disappeared under anti-syphilitic remedies. Psoriasis, which may or may not have been syphilitic, made its appearance at a subsequent period.

Five years subsequent to the first mentioned attack of hysteria, an attack of acute hysterical mania supervened. The immediate cause of this attack was supposed to be overwork and anxiety on account of the serious illness of various members of her family. Con-

<sup>1</sup> Read before the American Neurological Association, July 26, 1893.





was also paralysis of the rectum and sphincter ani and of the bladder. There was a state of obstinate constipation, with an inability to retain the feces when the bowels were moved by means of laxatives. The bladder required to be evacuated by means of a catheter.

The paralysis of the left leg was much greater than that of the right. For a considerable period of time the left toe was dragged, and until recently the left heel was not fully raised while walking. The left leg is still weaker than the right.

The symptoms afterwards gradually improved for a year and a half, until, at the present time, locomotion is fairly good, and the bladder and bowels are in their normal condition. The melancholia has also nearly disappeared.

The specific treatment has consisted of the iodide of potash, in drachm doses three or four times a day, alternated with mercurial inundations and the biniodide of mercury. Part of the time the iodide and the mercury have been given simultaneously. Hot and cold baths, massage, and the constant and Faradaic currents of electricity have been administered as adjuncts.

The history and progress of this case would seem to show the advantage to be derived from thorough, persistent and prolonged anti-syphilitic treatment, when syphilis is a cause of the disease of nerve tissue, or of its annexa.

It may be thought worthy of mention that the last two cases of general paresis that have been under my care were the victims of syphilis, although the view that the syphilis was the cause of the paresis may be considered as unproved, and even problematical. Anti-syphilitic treatment certainly had no influence in arresting the course of the disease.



